

**STATE OF RHODE ISLAND
DEPARTMENT OF ADMINISTRATION — DIVISION OF TAXATION
ONE CAPITOL HILL, PROVIDENCE, RHODE ISLAND 02908-5800**

**CLAIM FOR REFUND
SALES OR USE TAX
(PLEASE TYPE OR PRINT)**

NAME _____ TELEPHONE # _____

STREET _____

CITY OR TOWN _____ STATE _____ ZIP CODE _____

SOCIAL SECURITY # _____ OR FEDERAL I.D. # _____

A SOCIAL SECURITY OR FEDERAL ID NUMBER MUST BE INDICATED ON THE ABOVE LINE

IN ORDER TO PROCESS THIS CLAIM

TYPE OF CLAIM (circle one)

AUTOMOBILE CLAIMS	OTHER CLAIMS
INSURANCE PROCEEDS	UTILITIES
REBATE	SOLAR
TOTAL LOSS UNDER 120 DAYS	OTHER
OTHER	

AMOUNT OF TAX PAID _____ AMOUNT OF REFUND CLAIMED _____

STATE REASONS WHY CLAIM SHOULD BE ALLOWED:

ATTACH ALL SUPPORTING SCHEDULES AND/OR DOCUMENTS

CERTIFICATION

I hereby certify that I have personal knowledge of the information constituting this claim, including any accompanying schedules and statements; that all statements contained herein are true, correct and complete to the best of my knowledge and belief; and that this claim is made under penalty of perjury.

TAX DIVISION USE ONLY

SENT _____

RETURNED _____

AUDITED BY _____

AMOUNT APPROVED _____

DATE APPROVED _____

SIGNATURE

TITLE (IF APPLICABLE)

DATE

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THE DOCUMENTS LISTED BELOW MUST BE SUBMITTED WITH THE
FOLLOWING TYPE OF CLAIM:

INSURANCE PROCEEDS

1. ORIGINAL INSURANCE PROCEEDS LETTER (NO COPIES, SPEEDY-LETTERS OR AGENCY LETTERS)
2. COPY OF REGISTRATION OF NEW AUTOMOBILE
(SHOWING TAX PAID)
3. COPY OF BILL OF SALE OR SALES INVOICE FOR NEW OR
REPLACEMENT AUTOMOBILE.
4. COPY OF TITLE, REGISTRATION OR USE TAX SLIP FOR OLD
VEHICLE (OR STATEMENT DETAILING PLATE #, DATE OF PURCHASE,
SELLER'S NAME, MAKE, MODEL AND VIN # OF OLD CAR)

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THE DOCUMENTS LISTED BELOW MUST BE SUBMITTED WITH THE
FOLLOWING TYPE OF CLAIM:

MOTOR VEHICLE - BUY-BACK (MANUFACTURER)
OR
RESCISSION OF CONTRACT < 120 DAYS

1. COPY OF REGISTRATION (SHOWING TAX PAID)
2. COPY OF BILL OF SALE
3. COPY OF USE TAX RETURN
4. COPY OF BUY-BACK CONTRACT
5. COPY OF CHECK SHOWING BUY-BACK AMOUNT (THE TAXPAYER MUST
OBTAIN A COMPLETE REFUND OF MONEY AND/OR PROPERTY PAID)
6. COPY OF ANY ACTIONS OR COMPLAINTS FILED WITH THE BETTER BUSINESS
BUREAU, THE ATTORNEY GENERAL'S OFFICE OR THE MOTOR VEHICLE DEALER'S
COMMISSION.